

EXHIBIT 44



Oakwood

CORRECTIVE ACTION FORM

EMPLOYEE INFORMATION

Employee ID

Last

Name

First

Name

Initial

Job

Title EKG Tech II

Department

Cardiology

Location

Dbn-01

Check One

☐

Full-Time

☐

Part-Time

☒

Temporary (contingent)

Bargaining Position

☒

Yes

☐

No

Hire Date 12/6/2010

INCIDENT INFORMATION

Date

2/01/16

Reported

Incident

Type

118

See back of this form for Incident Type Codes.

Supervisor

Name

Marcie Rowan

ACTION TAKEN

Action

☐

Counseling

☒

3 Day or 5 Day Suspension - (List Dates):

return to work

Step

☐

Written Warning #1

☐

2/2/16 2/3/16 2/4/16

2/5/16 @ 0700 am

☐

Written Warning #2

☐

Termination - (Note Termination Date):

(Termination must have approval of ER/LR Leader.)

Action

Date

2/2/16

Action Discussed

With (Supervisor)

Description

of Incident

Date of

Incident

Inappropriate remarks made on a patient's voicemail by employee.

Supervisor/Manager

Signature

Date

Director

Signature

Date

ER/LR Director

Signature

Date

2-4-16

EMPLOYEE COMMENTS

Signature of Employee

Date

Employee signature does not indicate agreement, merely receipt of this report.

Witness

Signature

Date

Steward Signature

(if applicable)

Date

2/4/16

employee contacted via telephone to inform of results of suspension pending investigation issued on 2/2/16

OAKWOOD000933
CONFIDENTIAL



Oakwood

CORRECTIVE ACTION FORM

EMPLOYEE INFORMATION

Employee ID

Last Name *Charles*First Name *Charles*

Initial

Job Title RN

Department Emergency

Location OH-D

Check One

☒ Full-Time☐ Part-Time☐ Temporary (contingent)

Bargaining Position

☐ Yes☒ No

Hire Date

5-19-10

INCIDENT INFORMATION

Date Reported 3-17-15

Incident Type

118

See back of this form for Incident Type Codes.

Supervisor Name *Donna Seeley / Amanda Kerr*

ACTION TAKEN

Action ☐ Counseling☐ 3 Day or 5 Day Suspension - (List Dates):Step ☐ Written Warning #1☐ Written Warning #2☒ Termination - (Note Termination Date): 3-26-15

(Termination must have approval of ER/LR Leader.)

Action Date 3-26-15

Action Discussed With (Supervisor) Amanda Kerr

Description of Incident

Date of Incident 3-17-15

On 3-17-15, you threatened to go to your car, get your gun and shoot an identified patient. You reinforced that you had a CPL, did own a gun, and had the gun in your car in the hospital parking lot. When security arrived, you were aggressive & threatening to the security officer. You made these comments and displayed this behavior in the Pod where other patients, family, staff could observe you. *You admitted to making this statement.*

Supervisor/Manager

Signature

Director *Amanda Kerr*ER/LR Director *Sherry M. G. Brown*

EMPLOYEE COMMENTS

Received w/ employee via telephone. Copy mailed to home.

Signature of Employee

Date

Employee signature does not indicate agreement, merely receipt of this report.

Witness

Signature

Steward Signature (if applicable)

Date

Date

PROBLEM RESOLUTION POLICY ATTACHED

OAKWOOD000934
CONFIDENTIAL



Oakwood

CORRECTIVE ACTION FORM



EMPLOYEE INFORMATION			
Employee ID [REDACTED]			
Last Name [REDACTED]		First Name [REDACTED]	Initial
Job Title Nurse Assistant			
Department Progressive Care - Neuro			
Location 7 North		Check One <input checked="" type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Temporary (contingent)	Bargaining Position <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Hire Date 4/4/2011			
INCIDENT INFORMATION			
Date Reported 4/1/2014		Incident Type 018-118	See back of this form for Incident Type Codes.
Supervisor Name Donna Robinson-McManus			
ACTION TAKEN			
Action <input type="checkbox"/> Counseling <input type="checkbox"/> 3 Day or 5 Day Suspension - (List Dates):			
Step <input type="checkbox"/> Written Warning #1 <input type="checkbox"/> Written Warning #2		<input checked="" type="checkbox"/> Termination - (Note Termination Date): 4/7/2014 (Termination must have approval of ER/LR Leader.)	
Action Date 4/1/2014		Action Discussed With (Supervisor) 4/1/2014	
Description of Incident		Date of Incident 4/1/2014	
The individual violated a major work rule 118 (behavior which creates a hostile work environment) when the individual displayed unacceptable behavior when he physically touched another employee.			
Supervisor/Manager Signature <i>[Signature]</i>		Date 4-1-14	
Director Signature		Date	
ER/LR Director Signature <i>[Signature]</i>		Date 4/7/14	
EMPLOYEE COMMENTS			
Employee received copy of CA.			
Signature of Employee _____		Date _____	
Employee signature does not indicate agreement, merely receipt of this report.			
Witness Signature <i>[Signature]</i>		Date	
Steward Signature (if applicable) <i>[Signature]</i>		Date 4/7/14	

OAKWOOD000935
CONFIDENTIAL



Oakwood

CORRECTIVE ACTION FORM

EMPLOYEE INFORMATION

Employee ID

Last

Name

First

Name

Initial

Job
Title Transporter

Department Patient Transport #813300

Location
DBN-01

Hire Date 5/19/2014

Check One

☐ Full-Time☒ Part-Time☐ Temporary (contingent)

Bargaining Position

☒ Yes☐ No

INCIDENT INFORMATION

Date
Reported 11/13/2015Incident
Type

118

See back of this form for Incident Type Codes.

Supervisor
Name

ACTION TAKEN

Action ☐ CounselingStep ☐ Written Warning #1☐ Written Warning #2Balance
of
Shift
1:30pm
left.☒ 3 Day or 5 Day Suspension - (List Dates):

11/24/15 11/25/15 11/27/15

RTN to work
11/28/15☐ Termination - (Note Termination Date):

(Termination must have approval of ER/LR Leader.)

Action

Date

Action Discussed

With (Supervisor)

Description
of IncidentDate of
Incident

Behavior which creates a hostile work environment such as threatened or physical violence, harassment, or verbal abuse of a patient, visitor or an employee. Employee verbally used abusive language towards leadership.

Supervisor/Manager

Signature

Date

Director

Signature

Date

ER/LR Director

Signature

Date

EMPLOYEE COMMENT

Signature of Employee

Date

Employee signature does not indicate agreement, merely receipt of this report.

Witness

Signature

Date

Steward Signature
(if applicable)

Date

OAKWOOD000936
CONFIDENTIAL



Oakwood

CORRECTIVE ACTION FORM

EMPLOYEE INFORMATION

Employee ID

Last

Name

First

Name

Initial

Job

Anesthesia Technician

Department

Anesthesia

Location

DBN01

Check One



Full-Time



Part-Time



Temporary (contingent)

Bargaining Position



Yes



No

Hire Date

INCIDENT INFORMATION

Date

ongoing

Reported

Incident

Type

118

See back of this form for Incident Type Codes.

Supervisor

Name

ACTION TAKEN

Action

☐ Counseling


3 Day or 5 Day Suspension - (List Dates):

Step

☐ Written Warning #1

4/4/14

4/7/14

4/8/14

4/9/14

4/10/14

☐ Written Warning #2


Termination - (Note Termination Date):

(Termination must have approval of ER/LR Leader.)

Action

Date

4/3/14

Action Discussed

With (Supervisor)

Louise Martin / Matt Jakovac

Description

of Incident

Behavior which creates a hostile work environment

Date of

Incident

ongoing

~~Employee~~ has contributed to creating a hostile work environment via her demeanor, body language, interactions with others and commentary, as reported by numerous individuals.

Supervisor/Manager

Signature

Date

4/3/14

Director

Signature

Date

ER/LR Director

Signature

Date

4/3/14

EMPLOYEE COMMENTS

Signature of Employee

Date

Employee signature does not indicate agreement, merely receipt of this report.

Witness

Signature

Date

Steward Signature

(if applicable)

Date

OAKWOOD000937
CONFIDENTIAL



Oakwood

CORRECTIVE ACTION FORM

EMPLOYEE INFORMATION

Employee ID

011023

Last Name

[Redacted]

First Name

[Redacted]

Initial

Job Title

Anesthesia Technician

Department

Anesthesia

Location

DBN01

Check One



Full-Time



Part-Time



Temporary (contingent)

Bargaining Position



Yes



No

Hire Date

INCIDENT INFORMATION

Date Reported

ongoing

Incident Type

118

See back of this form for Incident Type Codes.

Supervisor Name

ACTION TAKEN

Action

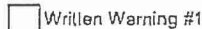


Counseling



3 Day or 5 Day Suspension - (List Dates):

Step



Written Warning #1

4/4/14

4/7/14

4/8/14

4/9/14

4/10/14



Written Warning #2



Termination - (Note Termination Date):

(Termination must have approval of ER/LR Leader.)

Action Date

4/3/14

Action Discussed With (Supervisor)

Louise Martin / Matt Jakovac

Description of Incident

Behavior which creates a hostile work environment

Date of Incident

ongoing

[Redacted] has contributed to creating a hostile work environment via her demeanor, body language, interactions with others and commentary, as reported by numerous individuals.

I do feel I have been harassed for situations that are not true.

Supervisor/Manager

Signature

[Signature]

Date

4/3/2014

Director

Signature

Date

ER/LR Director

Signature

[Signature]

Date

4/3/14

EMPLOYEE COMMENTS

Signature of Employee

Employee refused to sign. Copy provided/gave

Date

Employee signature does not indicate agreement, merely receipt of this report.

Witness

Signature

Date

Steward Signature (if applicable)

Date

Cred. Behaviors provided. EHR reviewed

OAKWOOD000938
CONFIDENTIAL



Oakwood

HUMAN RESOURCES

CORRECTIVE ACTION FORM

JAN 05 2016

EMPLOYEE INFORMATION

Employee ID

D34132

RECEIVED

Last Name

Graham, Teresa

First Name

Teresa

Initial

M

Job Title

X-ray Tech

Department

Radiology

Location

General X-ray

Check One



Full-Time



Part-Time



Temporary (contingent)

Bargaining Position



Yes



No

Hire Date

9/23/02

INCIDENT INFORMATION

Date Reported

12/16/15

Incident Type

102

See back of this form for Incident Type Codes.

Supervisor Name

Lindsay Vella

ACTION TAKEN

Action



Counseling



3 Day or 5 Day Suspension - (List Dates):

Step



Written Warning #1



Termination - (Note Termination Date):



Written Warning #2

(Termination must have approval of ER/LR Leader.)

Action Date

12/30/15

Action Discussed With (Supervisor)

Lindsay Vella

Description of Incident

102 Profane or abusive language

Date of Incident

12/14/15

Teresa had a verbal outburst and used profanity per 3 witnesses. She was confrontational about being asked to relieve a co-worker.

Supervisor/Manager Signature

Lindsay T. Vella

Date

12/30/15

Director Signature

Opa Ban

Date

1-5-16

ER/LR Director Signature

Sunny Worick

Date

1-5-16

EMPLOYEE COMMENTS

Signature of Employee

Teresa M. Graham

Date

12-30-15

Employee signature does not indicate agreement, merely receipt of this report.

Witness Signature

Date

Steward Signature (if applicable)

Date

OAKWOOD000939
CONFIDENTIAL



Oakwood

CORRECTIVE ACTION FORM

EMPLOYEE INFORMATION

Employee ID

Last

Name

First

Name

HUMAN

RESOURCES

Job

Title

Department

Location

Hire Date

Check One



Full-Time



Part-Time



Temporary (contingent)

Bargaining Position



Yes



No

INCIDENT INFORMATION

Date

Reported

Incident

Type

See back of this form for Incident Type Codes.

Supervisor

Name

ACTION TAKEN

Action



Counseling

3 Day or 5 Day Suspension - (List Dates): - ~~unpaid~~

Step



Written Warning #1



Written Warning #2



Termination - (Note Termination Date):

(Termination must have approval of ER/LR Leader.)

Action

Date

Action Discussed

With (Supervisor)

Description

of Incident

Date of

Incident

Supervisor/Manager

Signature

Date

Director

Signature

Date

ER/LR Director

Signature

Date

EMPLOYEE COMMENTS

Signature of Employee

Date

Employee signature does not indicate agreement, merely receipt of this report.

Witness

Signature

Date

Steward Signature

(if applicable)

Date

OAKWOOD000940
CONFIDENTIAL



Oakwood

CORRECTIVE ACTION FORM

EMPLOYEE INFORMATION

Employee ID 000942Last Name DalleyFirst Name Kathryn

Initial

Job Title Laboratory Support Tech IIDepartment 833350Location Patient Service Centers

Check One

☒ Full-Time☐ Part-Time☐ Temporary (contingent)

Bargaining Position

☐ Yes☒ NoHire Date 09/06/2011

INCIDENT INFORMATION

Date Reported 3/20/15

Incident Type

102/118

See back of this form for Incident Type Codes.

Supervisor Name Teri Bishop

ACTION TAKE

Action ☐ Counseling☒ 3 Day or 5 Day Suspension - (List Dates):Step ☐ Written Warning #14/13/15 4/14/15 4/15/15 4/16/15 4/17/15☐ Written Warning #2☐ Termination - (Note Termination Date):

(Termination must have approval of ER/LR Leader.)

Action Date 4/10/15Action Discussed With (Supervisor) Teri BishopDescription of Incident hostile work environmentDate of Incident 3/20/15

Kathryn has failed to follow CREDO behaviors by treating co-workers with respect and by creating a hostile work environment. Co-workers complained that Kathryn profane and abusive comments about other Oakwood co-workers on social media (including racial slurs) while having an Oakwood affiliation on her profile.

Supervisor/Manager

Signature Teri A BishopDate 4-10-15

Director

Signature

Date

ER/LR Director

Signature Sharon FoxonDate 4-10-15

EMPLOYEE COMMENTS

Signature of Employee [Redacted]Date 4-10-15

Employee signature does not indicate agreement, merely receipt of this report.

Witness

Signature

Date

Steward Signature
(if applicable)

Date

OAKWOOD000942
CONFIDENTIAL



Oakwood

CORRECTIVE ACTION FORM

EMPLOYEE INFORMATION

Employee ID <u>061218</u>		HUMAN RESOURCES	
Last Name <u>Boqua</u>	First Name <u>Anthony</u>		
Job Title <u>Phlebotomist</u>		NOV 19 2015	
Department <u>Phlebotomy</u>		RECEIVED	
Location <u>Beaumont Dearborn</u>	Check One	Bargaining Position	
Hire Date <u>11/7/2011</u>	<input checked="" type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Temporary (contingent)	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

INCIDENT INFORMATION

Date Reported <u>11/17/2015</u>	Incident Type <u>118</u>	See back of this form for Incident Type Codes.
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Supervisor Name <u>Janice Davis</u>

ACTION TAKEN

Action	<input type="checkbox"/> Counseling <input checked="" type="checkbox"/> 3 Day or 5 Day Suspension - (List Dates): <u>11/17/2015</u> <u>11/18/2015</u> <u>11/20/2015</u> <u>11/21/2015</u> <u>11/22/2015</u>
Step	<input type="checkbox"/> Written Warning #1 <input type="checkbox"/> Written Warning #2 <input type="checkbox"/> Termination - (Note Termination Date): _____ (Termination must have approval of ER/LR Leader.)

Action Date <u>11/17/2015</u>	Action Discussed With (Supervisor) <u>Janice Davis</u>
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Description of Incident <u>Hostile and threatening work environment</u>	Date of Incident <u>11/16/2015</u>
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Anthony verbally abused the Lead working on 11/16/2015.

Supervisor/Manager Signature <u>Janice Davis</u>	Date <u>11/19/15</u>
Director Signature <u>Bruce Murphy</u>	Date <u>11/19/2015</u>
ER/LR Director Signature <u>Kellen Gilden</u>	Date <u>11/20/2015</u>

EMPLOYEE COMMENT

Signature of Employee _____	Date _____
Employee signature does not indicate agreement, merely receipt of this report.	

Witness Signature _____	Date _____
Steward Signature (if applicable) <u>Joshua Weeks</u>	Date <u>11/19/15</u>

OAKWOOD000943
CONFIDENTIAL

**Oakwood****CORRECTIVE ACTION FORM****EMPLOYEE INFORMATION**

Employee ID 028336		
Last Name Montigan	First Name Neil	Initial
Job Title Registered Respiratory Therapist		
Department Respiratory Care		
Location DBN01	Check One <input checked="" type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Temporary (contingent)	Bargaining Position <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Hire Date 12/13/99		

INCIDENT INFORMATION

Date Reported 08/15/14	Incident Type 118	See back of this form for Incident Type Codes.
Supervisor Name Holly McShane		

ACTION TAKEN

Action	<input type="checkbox"/> Counseling	<input type="checkbox"/> 3 Day or 5 Day Suspension - (List Dates):
Step	<input type="checkbox"/> Written Warning #1	
	<input type="checkbox"/> Written Warning #2	<input checked="" type="checkbox"/> Termination - (Note Termination Date): (Termination must have approval of ERLR Leader.)

Action Date 08/20/14	Action Discussed With (Supervisor) Elisa Benscoter, RRT
Description of Incident	Date of Incident 08/15/14

Received complaint from nursing staff and patient regarding **Neil's** rude, hostile and sarcastic demeanor. When confronted by departmental leadership, he refused to take ownership or submit in writing his side of the incident.

Supervisor/Manager Signature <i>Elisa Benscoter</i>	Date 8-19-14
Director Signature <i>[Signature]</i>	Date 8/19/2014
ERLR Director Signature <i>Daniel Syrine</i>	Date 8/19/2014

EMPLOYEE COMMENTS

refused to sign.

Signature of Employee _____	Date _____
Employee signature does not indicate agreement, merely receipt of this report.	

Witness Signature _____	Date _____
Steward Signature (If applicable) _____	Date _____

OAKWOOD000944
CONFIDENTIAL

**Oakwood****CORRECTIVE ACTION FORM**
EMPLOYEE INFORMATION

Employee ID <u>051640</u>		
Last Name <u>Sorenson</u>	First Name <u>Kathryn</u>	Initial
Job Title <u>Registered Respiratory Therapist</u>		
Department <u>Respiratory Care</u>		
Location <u>DBN01</u>	Check One <input checked="" type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Temporary (contingent)	Bargaining Position <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Hire Date <u>05/27/09</u>		

INCIDENT INFORMATION

Date Reported <u>08/13/14</u>	Incident Type <u>118</u>	See back of this form for Incident Type Codes.
Supervisor Name <u>Holly McShane</u>		
Action <input type="checkbox"/> Counseling <input type="checkbox"/> Written Warning #1 <input type="checkbox"/> Written Warning #2	<input checked="" type="checkbox"/> 3 Day or 5 Day Suspension - (List Dates): <u>08/26/14</u> <u>08/29/14</u> <u>09/02/14</u> <input type="checkbox"/> Termination - (Note Termination Date): _____ (Termination must have approval of ER/LR Leader)	

Action Date <u>08/27/14</u>	Action Discussed With (Supervisor) <u>Cathy-Jo Ponzi / Elisa Benscoter</u>
Description of Incident	Date of Incident <u>08/13/14</u>

On 08/13/14, it was validated Kathryn exhibited NON-CREDO behavior during a rapid response call / Code Blue. In compliance with the OHS progressive corrective action process, this constitutes a three (3) day suspension.

Supervisor/Manager Signature <u>[Signature]</u>	Date <u>8-26-14</u>
Director Signature <u>[Signature]</u>	Date <u>8/25/14</u>
ER/LR Director Signature <u>[Signature]</u>	Date <u>8/26/14</u>

Signature of Employee <u>[Signature]</u>	Date <u>08/26/14</u>
Employee signature does not indicate agreement, merely receipt of this report.	
Witness Signature _____	Date _____
Steward Signature (if applicable) _____	Date _____

employee declined a copy of corrective action. (u) 8/26/14

OAKWOOD000945
CONFIDENTIAL

**Oakwood****CORRECTIVE ACTION FORM**

EMPLOYEE INFORMATION		
Employee ID <u>014131</u>		
Last Name <u>Donna</u>	First Name <u>Donna</u>	Initial
Job Title <u>Office Manager</u>		
Department <u>838835 - Oakwood Sleep Center Canton</u>		
Location <u>site 96</u>	Check One <input checked="" type="checkbox"/> Full-Time <input type="checkbox"/> Part Time <input type="checkbox"/> Temporary (contingent)	Bargaining Position <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Hire Date <u>06/09/1981</u>		
INCIDENT INFORMATION		
Date Reported <u>3/28/14</u>	Incident Type <u>118</u>	See back of this form for Incident Type Codes
Supervisor Name <u>Caryn Prather</u>		
ACTION TAKEN		
Action <input type="checkbox"/> Counseling	<input checked="" type="checkbox"/> 3 Day or 5 Day Suspension - (List Dates):	
Step <input type="checkbox"/> Written Warning #1	<u>4/7/14</u> <u>4/8/14</u> <u>4/9/14</u> <u>4/10/14</u> <u>4/11/14</u>	
<input type="checkbox"/> Written Warning #2	<input type="checkbox"/> Termination - (Note Termination Date) (Termination must have approval of ERLR Leader)	
Action Date <u>4/4/14</u>	Action Discussed With (Supervisor) <u>Caryn Prather, Sherry Huffman</u>	
Description of Incident <u>Behavior which creates a hostile work environment</u>	Date of Incident <u>3/27/14</u>	
On 3/27/14 Donna was observed by staff and a visitor to be hostile and unprofessional on the telephone. This behavior violates CREDO and is not in line with Oakwood's Mission, Vision or Goals.		
Supervisor/Manager Signature	Date <u>4/4/14</u>	
Director Signature	Date <u>4-4-14</u>	
ERLR Director Signature	Date <u>4-4-14</u>	
EMPLOYEE COMMENT		
Signature of Employee		
Date <u>4.4.14</u>		
Employee signature does not indicate agreement merely receipt of this report		
Witness Signature	Date	
Steward Signature (if applicable)	Date	

**OAKWOOD000946
CONFIDENTIAL**



Oakwood

CORRECTIVE ACTION FORM

EMPLOYEE INFORMATION

Employee ID

Last

Name

First

Name

Initial

Job

Title

Department

Location

Hire Date

Check One



Full-Time



Part-Time



Temporary (contingent)

Bargaining Position



Yes



No

INCIDENT INFORMATION

Date

Reported

Incident

Type

See back of this form for Incident Type Codes.

Supervisor

Name

ACTION TAKEN

Action

☐ Counseling


3 Day or 5 Day Suspension - (List Dates):

Step

☐ Written Warning #1

☐ Written Warning #2


Termination - (Note Termination Date):

(Termination must have approval of ER/LR Leader.)

Action

Date

Action Discussed

With (Supervisor)

Description

of Incident

Date of

Incident

Patient Complaint that individual displayed unacceptable behavior towards co-worker and continued to complain about her job while cleaning patient room.

Supervisor/Manager

Signature

Date

Director

Signature

Date

ER/LR Director

Signature

Date

EMPLOYEE COMMENTS

Employee called at home CA given to Union Steward Individual to report on next scheduled day.

Signature of Employee

Date

Employee signature does not indicate agreement, merely receipt of this report.

Witness

Signature

Date

Steward Signature

(if applicable)

Date

OAKWOOD000947
CONFIDENTIAL



Oakwood

CORRECTIVE ACTION FORM

EMPLOYEE INFORMATION

Employee ID

Last
Name

Tudson

First
Name

Sheryl

Initial

Job
Title

ES2

Department

EVS

Location

DBNOI

Check One



Full-Time



Part-Time



Temporary (contingent)

Bargaining Position



Yes



No

Hire Date 2-10-00

INCIDENT INFORMATION

Date

4-15-14

Incident
Type

118/117

See back of this form for Incident Type Codes.

Supervisor
Name

ACTION TAKEN

Action



Counseling



3 Day or 5 Day Suspension - (List Dates):

Step



Written Warning #1



Written Warning #2



Termination - (Note Termination Date):

(Termination must have approval of ER/LR Leader.)

Action

Date

Action Discussed

With (Supervisor)

Description
of Incident

117 failure to full fill responsibilities & 118 unacceptable behavior

Date of
Incident

4-15-14

Sheryl was directed to fully disinfect OR room 7 floor. Sheryl wiped the blood spots only and started to walk away. Sanford told her the whole floor needs to be disinfected. Sheryl told Sanford "you talk too much and need to shut up". Sheryl stormed off angrily not complying with the directive nor allowing Sanford to address her unacceptable behavior.

Supervisor/Manager
Signature

Date

4/18/14

Director
Signature

Date

4/17/14

ER/LR Director
Signature

EMPLOYEE COMMENTS

Signature of Employee

Refuse to sign

Date

Employee signature does not indicate agreement, merely receipt of this report.

Witness

Signature

Date

Date

4-18-14

0525

Steward Signature
(if applicable)OAKWOOD000948
CONFIDENTIAL



Oakwood

CORRECTIVE ACTION FORM

EMPLOYEE INFORMATION

Employee ID 056410		
Last Name Sanon	First Name Jacob	Initial
Job Title ES-2		
Department Environmental Services		
Location DBN01	Check One <input checked="" type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Temporary (contingent)	Bargaining Position <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Hire Date 4/19/10		

INCIDENT INFORMATION

Date Reported 5/21/14	Incident Type 102	See back of this form for Incident Type Codes.
Supervisor Name Patty Maloy		

ACTION TAKEN

Action	<input type="checkbox"/> Counseling	<input type="checkbox"/> 3 Day or 5 Day Suspension - (List Dates):
Step	<input type="checkbox"/> Written Warning #1	
	<input type="checkbox"/> Written Warning #2	<input checked="" type="checkbox"/> Termination - (Note Termination Date):
(Termination must have approval of ER/LR Leader.)		

Action Date	Action Discussed With (Supervisor)
Description of Incident Profane and abusive language	Date of Incident 5/21/14

At 2:55pm on 5/21/14, **Jake** was sitting at the EVS break room loudly complaining about the Adray walls. He was cursing loudly, saying "They needs to change the fucking walls. He used the word "fuck" several times. Other employees were trying to get him to quiet down. The behavior was witnessed by several EVS employees and supervisor Donna White. Jake has an active suspension for using profane language in the workplace. This is unacceptable behavior and is a major work rule violation. Failure to correct this behavior has resulted in a termination of employment.

Supervisor/Manager Signature <i>Patty Maloy</i>	Date 5-27-14
Director Signature	Date
ER/LR Director Signature <i>Daniel Spivey</i>	Date 5/27/2014

EMPLOYEE COMMENTS

Signature of Employee _____		Date _____
Employee signature does not indicate agreement, merely receipt of this report.		
Witness Signature	Date	
Steward Signature <i>Brian Crawford</i>	Date 5-27-14	
(if applicable)		

Revision Date: 03/16/2004

OAKWOOD000949
CONFIDENTIAL

**Oakwood****CORRECTIVE ACTION FORM****EMPLOYEE INFORMATION**

Employee ID

051379

Last

Name

Meyers-Swan

First

Name

Roxine

Initial

Job

ES1

Title

Department

EVS

Location

DBN-01

Hire Date 5/19/2008

Check One



Full-Time



Part-Time



Temporary (contingent)

Bargaining Position



Yes



No

INCIDENT INFORMATION

Date

1/6/2015

Reported

Incident

Type

118

See back of this form for Incident Type Codes.

Supervisor

Name

ACTION TAKEN

Action



Counseling



3 Day or 5 Day Suspension - (List Dates):

Step



Written Warning #1



Written Warning #2



Termination - (Note Termination Date):

(Termination must have approval of ER/LR Leader.)

Action

Date

1/11/2016

Action Discussed

With (Supervisor)

Description

of Incident

Roxine slapped another employee in front of other EVS employees

Date of

Incident

1/4/2016

Behavior that creates a hostile work environment such as threatened or actual physical violence.

Termination date: 1/12/2016

Supervisor/Manager

Signature

Date

1/12/16

Director

Signature

Date

1-11-16

ER/LR Director

Signature

Date

1/12/2016

EMPLOYEE COMMENTS

Signature of Employee

Employee Refused to sign

Date

1/12/2016 H. Fielden

Employee signature does not indicate agreement, merely receipt of this report.

Witness

Signature

Date

1-12-16

Steward Signature

(If applicable)

Date

lvm @ 2:20 pm
for
Roxine 2:30 pm
Meyers-Swan
(313) 308-5147

H. Fielden 1-11-16
BC. 1-11-16
TJ 1-11-16

OAKWOOD000950
CONFIDENTIAL

**Oakwood****CORRECTIVE ACTION FORM****EMPLOYEE INFORMATION**

Employee ID

057129

Last Name TaskerFirst Name Sarah

Initial

Job Title ESIDepartment Environmental ServicesLocation DBN01

Check One

☐ Full-Time☐ Part-Time☒ Temporary (contingent)

Bargaining Position

☐ Yes☐ NoHire Date 7/6/10**INCIDENT INFORMATION**Date Reported 5/29/15

Incident Type

102

See back of this form for Incident Type Codes.

Supervisor Name

ACTION TAKENAction ☐ CounselingStep ☐ Written Warning #1☐ Written Warning #2☒ 3 Day or 5 Day Suspension - (List Dates):6/11 6/14 6/15☐ Termination - (Note Termination Date):

(Termination must have approval of ER/LR Leader.)

Action Date

Action Discussed With (Supervisor)

Description of Incident Profane or abusive language.Date of Incident 5/29/15

Sarah conducted herself in an inappropriate manner including using profane or abusive language while talking to a manager. Please see attached document.

Supervisor/Manager Signature

Date 6/10/15

Director Signature

Date

ER/LR Director Signature

Date 6/4/2015Entered 6/15/2015**EMPLOYEE COMMENTS**Signature of Employee REFUSE TO SIGN

Date

Employee signature does not indicate agreement, merely receipt of this report.

Witness

Signature

Date

Steward Signature (if applicable)

Date 6-10-15

HUMAN RESOURCES

JUN 15 2015

RECEIVED**OAKWOOD000951
CONFIDENTIAL**



Oakwood

MAY 22 2015

CORRECTIVE ACTION FORM RECEIVED

EMPLOYEE INFORMATION

Employee ID

030398

Last

Name

First

Name

Initial

Job

Title ES-1

Department

EVS

Location

DBN01

Check One



Full-Time



Part-Time



Temporary (contingent)

Bargaining Position



Yes



No

Hire Date

5/12/15

INCIDENT INFORMATION

Date

5/12/15

Reported

Incident

Type

118

See back of this form for Incident Type Codes.

Supervisor

Name

ACTION TAKEN

Action



Counseling



3 Day or 5 Day Suspension - (List Dates):

Step



Written Warning #1



5/13/15

5/15/15

5/16/15



Written Warning #2



Termination - (Note Termination Date):

(Termination must have approval of ER/LR Leader.)

Action

Date

5/12/15

Action Discussed

With (Supervisor)

Suspended pending investigation

Description
of Incident

Behavior which created a hostile work environment

Date of
Incident

5/12/15

The family member of the patient in ICU 1 had concerns regarding the proper cleaning of the room which [redacted] had cleaned. The next time [redacted] entered the room she became confrontational with the family member, regarding the cleaning of the room. [redacted] behavior was creating a hostile environment, and [redacted] on the Patient Excellence Manager was in the room at the time, and had to ask Darleen to leave the room.

Supervisor/Manager

Signature

Date

Director

Signature

Date

ER/LR Director

Signature

Date

5/20/15

EMPLOYEE COMMENTS

Signature of Employee

REFUSE TO SIGN

Date

5/20/15

Employee signature does not indicate agreement, merely receipt of this report.

Witness

Signature

Date

Steward Signature

(if applicable)

Belen Crawford

Date

5-20-15

Revision Date: 03/16/2004

OAKWOOD000953
CONFIDENTIAL



Oakwood

CORRECTIVE ACTION FORM

EMPLOYEE INFORMATION

Employee ID <u>046075</u>		
Last Name <u>Wright</u>	First Name <u>Demetria</u>	Initial
Job Title <u>ES 1</u>		
Department <u>EVS</u>		
Location <u>Beaumont Dearborn</u>	Check One <input checked="" type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Temporary (contingent)	Bargaining Position <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Hire Date <u>9/11/2006</u>		

INCIDENT INFORMATION

Date Reported <u>8/27/2015</u>	Incident Type <u>118</u>	See back of this form for Incident Type Codes.
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Supervisor Name Donna White

ACTION TAKEN

Action	<input type="checkbox"/> Counseling	<input checked="" type="checkbox"/> 3 Day or 5 Day Suspension - (List Dates):
Step	<input type="checkbox"/> Written Warning #1	<u>8/28/15</u> <u>8/31/15</u> <u>9/1/15</u>
	<input type="checkbox"/> Written Warning #2	<input type="checkbox"/> Termination - (Note Termination Date):
(Termination must have approval of ER/LR Leader.)		

Action Date	Action Discussed With (Supervisor)
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Description of Incident <u>Creating a hostile work environment</u>	Date of Incident <u>8/26/2015</u>
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See Statements.
Behavior which creates a hostile work environment.

Supervisor/Manager Signature <u>Donna White</u>	Date <u>8-27-15</u>
Director Signature <u>[Signature]</u>	Date
ER/LR Director Signature <u>[Signature]</u>	Date <u>8-27-15</u>

EMPLOYEE COMMENTS

Employee <u>Refused to sign</u>	Date <u>8/27/2015</u>
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Signature of Employee Refused to sign Date _____
Employee signature does not indicate agreement, merely receipt of this report.

Witness Signature <u>[Signature]</u>	Date <u>8/27/2015</u>
Steward Signature (if applicable) <u>[Signature]</u>	Date <u>8/27/2015</u>

OAKWOOD000954
CONFIDENTIAL



Oakwood

CORRECTIVE ACTION FORM

HUMAN RESOURCES

SEP 28 2015

RECEIVED

EMPLOYEE INFORMATION

Employee ID <u>046075</u>		
Last Name <u>Wright</u>	First Name <u>Demaria</u>	Initial
Job Title <u>ES1</u>		
Department <u>EVS</u>		
Location <u>DBN-01</u>	Check One <input checked="" type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Temporary (contingent)	Bargaining Position <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Hire Date <u>09/11/2006</u>		

INCIDENT INFORMATION

Date Reported <u>09/17/2015</u>	Incident Type <u>118</u>	See back of this form for Incident Type Codes.
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Supervisor Name Anthony Yeo - Assistant Director EVS

ACTION TAKEN

Action Step	<input type="checkbox"/> Counseling	<input type="checkbox"/> 3 Day or 5 Day Suspension - (List Dates):
	<input type="checkbox"/> Written Warning #1	
	<input type="checkbox"/> Written Warning #2	<input checked="" type="checkbox"/> Termination - (Note Termination Date): <u>09/28/2015</u> (Termination must have approval of ERLR Leader.)
Action Date <u>09/28/2015</u>	Action Discussed With (Supervisor) <u>Anthony Yeo- Assistant Director EVS</u>	

Description of Incident Behavior which creates a hostile work environment Date of Incident 09/17/2015

Behavior which creates a hostile work environment, threatening and harassing behavior towards another employee. Violation of OHI- Policy #105.

Supervisor/Manager Signature <u>[Signature]</u>	Date <u>9/28/15</u>
Director Signature <u>[Signature]</u>	Date <u>9/28/15</u>
ER/LR Director Signature <u>[Signature]</u>	Date <u>9/28/2015</u>

EMPLOYEE COMMENTS

<u>Refused to sign - H. Filders 9/28/2015</u>	
Signature of Employee _____	Date _____
Employee signature does not indicate agreement, merely receipt of this report.	
Witness Signature <u>[Signature]</u>	Date <u>9/28/2015</u>
Steward Signature (if applicable) <u>[Signature]</u>	Date <u>9/28/2015</u>

OAKWOOD000957
CONFIDENTIAL

**Oakwood****CORRECTIVE ACTION FORM****EMPLOYEE INFORMATION**

Employee ID

012750

Last Name **Murphy**First Name **Tim**

Initial

Job Title **Electrician**Department **Facility Services**Location **Beaumont Dearborn**

Check One

☒ Full-Time☐ Part-Time☐ Temporary (contingent)

Bargaining Position

☒ Yes☐ NoHire Date **6/7/10****INCIDENT INFORMATION**Date Reported **Dec. 1st 2015**

Incident Type

102

See back of this form for Incident Type Codes.

Supervisor Name **Derek Resczyk****ACTION TAKEN**Action ☐ Counseling☒ 3 Day or 5 Day Suspension - (List Dates):Step ☐ Written Warning #112-18 12-19 12-22☐ Written Warning #2☐ Termination - (Note Termination Date):

(Termination must have approval of ER/LR Leader.)

Action Date **12-15-15**

Action Discussed With (Supervisor)

*Derek Resczyk*Description of Incident **Profane or abusive language towards Management**Date of Incident **12/1/15**

Calling Management a profane name during Huddle not once but twice in front of other staff and Management

Supervisor/Manager

Signature *Derek Resczyk*

Date

12-15-15

Director

Signature *Derek Resczyk*

Date

12/2/15

ER/LR Director

Signature *Derek Resczyk*

Date

12-2-15 12-15-15**EMPLOYEE COMMENTS**

Signature of Employee

Date

Employee signature does not indicate agreement, merely receipt of this report.

Witness

Signature

Date

Steward Signature (if applicable)

Date

12/15/15**OAKWOOD000958
CONFIDENTIAL**



Oakwood

CORRECTIVE ACTION FORM

EMPLOYEE INFORMATION

Employee ID

112412

Last Name

TRUETT

First Name

ALBERT

Initial

Job Title

Painter

Department

Facility Services

Location

OH-D

Check One

☒ Full-Time☐ Part-Time☐ Temporary (contingent)

Bargaining Position

☒ Yes☐ No

Hire Date

7/05/1976

INCIDENT INFORMATION

Date Reported

5/26/15

Incident Type

102

See back of this form for Incident Type Codes.

Supervisor Name

ACTION PLAN

Action ☐ Counseling☒ 3 Day or 5 Day Suspension - (List Dates):Step ☐ Written Warning #1

6/10 6/11 6/12

☐ Written Warning #2☐ Termination - (Note Termination Date):

(Termination must have approval of ER/LR Leader.)

Action Date

Action Discussed With (Supervisor)

Description of Incident

Date of Incident

ALBERT was rude, loud and inappropriate when he was in the EVS office on 5/26/15. He used abusive and extremely profane language in the EVS office in the presence of Staff employees and Management

Supervisor/Manager

Signature

Date

6-9-15

Director

Signature

Date

6-9-15

ER/LR Director

Signature

Date

6/09/2015

EMPLOYEE COMMENTS

Signature of Employee

Date

Employee signature does not indicate agreement, merely receipt of this report.

Witness

Signature

Date

Steward Signature

(if applicable)

Date

6-9-15

OAKWOOD000959
CONFIDENTIAL

HUMAN RESOURCES



Oakwood

JUN 23 2015

CORRECTIVE ACTION FORM RECEIVED

EMPLOYEE INFORMATION

Employee ID

Last

Name

First

Name

Initial

Job

Title Dietary Assistant II

Department

Food & Nutrition Services

Location

DBN01

Check One

☐

Full-Time

☒

Part-Time

☐

Temporary (contingent)

Bargaining Position

☒

Yes

☐

No

Hire Date 09/10/2007

INCIDENT INFORMATION

Date

Reported

Incident

Type

118

See back of this form for Incident Type Codes.

Supervisor

Name

ACTION TAKEN

Action

☐

Counseling

☒

3 Day or 5 Day Suspension - (List Dates):

Step

☐

Written Warning #1

☐

Termination - (Note Termination Date):

☐

Written Warning #2

(Termination must have approval of ER/LR Leader.)

6/18/15

6/20/15

6/21/15

6/22/15

6/23/15

Action

Date

Action Discussed

With (Supervisor)

Sherry Huffman, Shannon Lozon

Description

of Incident

Inappropriate conduct

Date of

Incident

Employee inappropriately touched two female co-workers. This conduct is unacceptable, creates a hostile working environment and constitutes sexual harassment. Mandatory EAP sessions and compliance with treatment recommendations is required.

Supervisor/Manager

Signature

Date

Director

Signature

Date

ER/LR Director

Signature

Date

EMPLOYEE COMMENTS

Signature of Employee Sherry HuffmanDate 6-18-15

Employee signature does not indicate agreement, merely receipt of this report.

Witness

Signature

Date

Steward Signature

(if applicable)

Keisha Jones

Date

6-18-15

OAKWOOD000960
CONFIDENTIAL



Oakwood

CORRECTIVE ACTION FORM

EMPLOYEE INFORMATION

Employee ID 065052

Last Name Williams

First Name Gabrielle

Initial

Job Title Phlebotomist

Department Phlebotomy

Location Dbn-01

Check One

☒ Full-Time☐ Part-Time☐ Temporary (contingent)

Bargaining Position

☒ Yes☐ No

Hire Date 12/17/2012

INCIDENT INFORMATION

Date Reported 1/18/17

Incident Type

106

See back of this form for Incident Type Codes.

Supervisor Name Janice Davis

ACTION TAKEN

Action ☐ Counseling☐ 3 Day or 5 Day Suspension - (List Dates):Step ☐ Written Warning #1☐ Written Warning #2☒ Termination - (Note Termination Date): 2/6/17

(Termination must have approval of ER/LR Leader.)

Action Date SPI 1/31/17

Action Discussed With (Supervisor) Janice Davis/Keith Reynolds

Description of Incident

Date of Incident

Because a co-worker (D.J.) disagreed with her on a workplace issue, employee intentionally sought out a co-worker's wife on social media for the purpose of harassing the wife and co-worker D.J. by revealing personal information about the D.J.'s behavior and personal relationships with co-workers.

Supervisor/Manager

Date

Signature

Director

Date

2-6-2017

Signature

ER/LR Director

Date

2/06/2017

Signature

EMPLOYEE COMMENTS

Signature of Employee

Employee refused to sign

Date

Employee signature does not indicate agreement, merely receipt of this report.

Witness

Date

Signature

Steward Signature (If applicable)

Date

2/6/17

OAKWOOD000961
CONFIDENTIAL



Oakwood

CORRECTIVE ACTION FORM

EMPLOYEE INFORMATION

Employee ID <u>022279</u>		
Last Name <u>HACKETT</u>	First Name <u>LADAWN</u>	Initial
Job Title <u>Environmental Specialist II</u>		
Department <u>Environmental Services</u>		
Location <u>01</u>	Check One <input checked="" type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Temporary (contingent)	Bargaining Position <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Hire Date <u>10/23/2000</u>		

INCIDENT INFORMATION

Date Reported <u>7/16/17</u>	Incident Type <u>121</u>	See back of this form for Incident Type Codes.
Supervisor Name		

ACTION TAKEN

Action	<input type="checkbox"/> Counseling <input type="checkbox"/> Written Warning #1 <input type="checkbox"/> Written Warning #2	<input checked="" type="checkbox"/> 3 Day or 5 Day Suspension - (List Dates): <u>7/19</u> <u>7/20</u> <u>7/21</u> <input type="checkbox"/> Termination - (Note Termination Date): (Termination must have approval of ER/LR Leader.)
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Action Date <u>7/19/17</u>	Action Discussed With (Supervisor)
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Description of Incident	Date of Incident
-------------------------	------------------

See attached description

Supervisor/Manager Signature <u>[Signature]</u>	Date <u>7-19-17</u>
Director Signature	Date
ER/LR Director Signature <u>David S. Quinn</u>	Date <u>7/19/17</u>

EMPLOYEE COMMENTS

Employee Comments	
-------------------	--

Signature of Employee _____ Date _____
 Employee signature does not indicate agreement, merely receipt of this report.

Witness Signature	Date
Steward Signature (if applicable) <u>Brian Crumley</u>	Date <u>7-19-17</u>

OAKWOOD000962
CONFIDENTIAL

7/19/2017

RE: [REDACTED] Disciplinary Suspension

On 7/16/17 [REDACTED] was involved in an incident with an employee on 6 South. It started when [REDACTED] bumped the employee's leg with the floor machine.

During the incident and subsequent conversation between the employee and [REDACTED] Manager, [REDACTED] exhibited physically and verbally threatening and aggressive behaviors towards the employee.

[REDACTED] body language, gesturing and language was intimidating towards the employee.

At one point [REDACTED] made the statement to the employee, "You are lucky you are safe here at work".

The conversation was so loud and disruptive that staff had to close doors to patient rooms.

The employee feels threatened and is afraid to come to work.

EMPLOYEE INFORMATION		HUMAN RESOURCES	
Employee ID <u>0000377</u>			
Last Name <u>Topolowski</u>	First Name <u>Jamie</u>	Initial	
Job Title <u>EVS 1</u>			
Department <u>EVS</u>			
Location <u>DBN-01</u>	Check One	Bargaining Position	
Hire Date <u>04/18/2011</u>	<input type="checkbox"/> Full-Time	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
	<input checked="" type="checkbox"/> Part-Time		
	<input type="checkbox"/> Temporary (contingent)		
INCIDENT INFORMATION			
Date Reported <u>03/27/2016</u>	Incident Type <u>106</u>	See back of this form for Incident Type Codes.	
Supervisor Name <u>Kimberlyn Fortino, Director EVS</u> <u>Rosie Fortune - Supervisor Afternoon shift</u>			
ACTION TAKE			
Action	<input type="checkbox"/> Counseling <input type="checkbox"/> 3 Day or 5 Day Suspension - (List Dates):		
Step	<input type="checkbox"/> Written Warning #1		
	<input type="checkbox"/> Written Warning #2		
	<input checked="" type="checkbox"/> Termination - (Note Termination Date): <u>4/11/2016</u> (Termination must have approval of ER/LR Leader.)		
Action Date <u>4/11/2016</u>	Action Discussed With (Supervisor) <u>Kimberlyn Fortino - Director EVS</u>		
Description of Incident <u>Sent to Midwest for fitness for duty</u>	Date of Incident <u>03/27/2016</u>		
Employee suspended pending investigation on 3/27/16.			
4/11/2016 Positive fitness for duty results confirmed from the medical review doctor at Midwest. Employee terminated for positive drug screen results for being under the influence/impaired by controlled substances.			
Supervisor/Manager Signature <u>[Signature]</u>		Date <u>4/11/16</u>	
Director Signature <u>[Signature]</u>		Date <u>4/11/2016</u>	
ER/LR Director Signature <u>[Signature]</u>		Date <u>4/11/2016</u>	
EMPLOYEE COMMENTS			
Signature of Employee <u>issued over the phone</u> Date <u>4/11/2016</u>			
Employee signature does not indicate agreement, merely receipt of this report.			
Witness Signature <u>[Signature]</u>		Date <u>4-11-16</u>	
Steward Signature (if applicable) <u>[Signature]</u>		Date <u>4-11-16</u>	

**Oakwood****CORRECTIVE ACTION FORM****EMPLOYEE INFORMATION**

Employee ID

013412

Last Name	Trutt	First Name	Albert	Initial
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Job Title

Painter

Department

Facility Services

Location

Dbn 01

Check One



Full-Time



Part-Time



Temporary (contingent)

Bargaining Position



Yes



No

Hire Date 07/05/1976

INCIDENT INFORMATION

Date Reported

10/7/16

Incident Type

121, 003

See back of this form for Incident Type Codes.

Supervisor Name

Derek Reszczyk

ACTION TAKEN

Action



Counseling



3 Day or 5 Day Suspension - (List Dates):

Step



Written Warning #1



Written Warning #2



Termination - (Note Termination Date):

(Termination must have approval of ER/LR Leader.)

Action Date

10/14/16

Action Discussed With (Supervisor)

Description of Incident

Date of Incident

10/7/16

See attached.

Supervisor/Manager

Signature

Date

Director

Signature

Date

ER/LR Director

Signature

Date

10/14/16

EMPLOYEE COMMENTS

Signature of Employee

Date

Employee signature does not indicate agreement, merely receipt of this report.

Witness

Signature

Date

Steward Signature (if applicable)

Date

10/14/16

OAKWOOD000965
CONFIDENTIAL